Clinical Utilization Management Criteria

Kansas | Healthy Blue | Medicaid

Attached is a list of the Clinical Utilization Management (UM) Criteria Healthy Blue has adopted.

The full list of Medical Policies and Clinical UM Guidelines is publicly available on the Medical Policy and Clinical UM Guideline subsidiary website. Their purpose is to help you provide quality care by reducing inappropriate use of medical resources.

MCG Care Guidelines are used for:

- Medical necessity review for medical and behavioral health inpatient review.
- Inpatient site of service appropriateness.
- Inpatient rehabilitation and skilled nursing facility review.
- Outpatient based service or procedure where there is not an established Medical Policy or Clinical UM Guideline.

If MCG Care Guidelines do not cover a behavioral health service; the following standardized tools for medical necessity determinations are used:

- Adults: Level of Care Utilization System® (LOCUS)
- Children and adolescents: Child and Adolescent Service Intensity Instrument (CASII)
- Young children: Early Childhood Service Intensity Instrument (ECSII)

In addition, American Society of Addiction Medicine® (ASAM) criteria are used for substance use disorder services according to state requirements.

Medicaid state contracts, regulatory guidance, CMS requirements, and MCG Care Guidelines supersede our Medical Policy/Clinical UM Guidelines.

Note: We make determinations of medical necessity on a case-by-case basis in accordance with the definition of medical necessity that is contained within the Medicaid state contract, regulatory guidance, CMS requirements or in our Medical Necessity Criteria Policy ADMIN.00004.

If the request does not meet established criteria guidelines, it will be referred to a licensed physician reviewer with the appropriate clinical expertise to make a decision.

The Clinical Utilization Management Criteria below, which are indicated as new, were adopted by the Medical Operations Committee for Healthy Blue members.

KS-HB-CD-013488-26-S3662 August 2026

To view the criteria below, select the link in the Criteria Title column. For additional information regarding our Medical Policies and Clinical UM Guidelines, visit **[Medical Policies and Clinical UM Guidelines]**.

Criteria number	Criteria title	New item
CG-ADMIN-01	Clinical Utilization Management (UM) Guideline for Pre-Payment Review Medical Necessity Determinations When No Other Clinical UM Guideline Exists	
CG-DME-48	Vacuum Assisted Wound Therapy in the Outpatient Setting	New
CG-LAB-10	Zika Virus Testing	
CG-LAB-11	Vitamin D Testing	
CG-LAB-14	Respiratory Viral Panel Testing in the Outpatient Setting	
CG-LAB-16	Serum Amylase Testing	
CG-LAB-17	Molecular Gastrointestinal Pathogen Panel (GIPP) Testing for Infectious Diarrhea in the Outpatient Setting	
CG-LAB-20	Thyroid Testing	
CG-LAB-21	Serum Iron Testing	
CG-LAB-24	Outpatient Urine Culture	
CG-LAB-25	Outpatient Glycated Hemoglobin and Protein Testing	
CG-LAB-26	Outpatient Alpha-Fetoprotein Testing	
CG-LAB-27	Human Chorionic Gonadotropin Testing	
CG-LAB-28	Prostate Specific Antigen Testing	
CG-LAB-29	Gamma Glutamyl Transferase Testing	
CG-LAB-30	Outpatient Laboratory-based Blood Glucose Testing	
CG-LAB-33	Carcinoembryonic Antigen Testing	New
CG-LAB-35	Cancer Antigen 19-9 Testing	New
CG-MED-26	Neonatal Levels of Care	
CG-MED-53	Cervical Cancer Screening Using Cytology and Human Papillomavirus Testing	
CG-MED-61	Preoperative Testing for Low Risk Invasive Procedures and Surgeries	
CG-MED-62	Resting Electrocardiogram Screening in Adults	
CG-MED-69	Inhaled Nitric Oxide	
CG-MED-92	Foot Care Services	
CG-MED-94	Vestibular Function Testing	
CG-MED-95	Transanal Irrigation	

Criteria number	Criteria title	New item
CG-MED-98	Parenteral Antibiotics for the Treatment of Lyme Disease	New
CG-OR-PR-06	Spinal Orthoses: Thoracic-Lumbar-Sacral (TLSO), Lumbar-Sacral (LSO), and Lumbar	
CG-REHAB-02	Outpatient Cardiac Rehabilitation	
CG-SURG-03	Blepharoplasty, Blepharoptosis Repair, and Brow Lift	
CG-SURG-24	Functional Endoscopic Sinus Surgery (FESS)	
CG-SURG-40	Cataract Removal Surgery for Adults	
CG-SURG-78	Cryosurgical, Radiofrequency, Microwave, or Percutaneous Ethanol Ablation to Treat Solid Tumors in the Liver	
CG-SURG-79	Implantable Infusion Pumps	
CG-SURG-82	Bone-Anchored and Bone Conduction Hearing Aids	
CG-TRANS-02	Kidney Transplantation	
CG-TRANS-03	Donor Lymphocyte Infusion for Hematologic Malignancies after Allogeneic Hematopoietic Progenitor Cell Transplantation	
DME.00011	Electrical Stimulation as a Treatment for Pain and Other Conditions: Surface and Percutaneous Devices	
LAB.00003	In Vitro Chemosensitivity Assays and In Vitro Chemoresistance Assays	
LAB.00024	Immune Cell Function Assay	
LAB.00026	Systems Pathology and Multimodal Artificial Intelligence Testing for Cancerous and Precancerous Conditions	
LAB.00027	Selected Blood, Serum and Cellular Allergy and Toxicity Tests	
LAB.00028	Blood-based Biomarker Tests for Multiple Sclerosis	
LAB.00029	Rupture of Membranes Testing in Pregnancy	
LAB.00035	Multi-biomarker Disease Activity Blood Tests for Rheumatoid Arthritis	
LAB.00037	Serologic Testing for Biomarkers of Irritable Bowel Syndrome (IBS)	
MED.00011	Sensory Stimulation for Brain-Injured Individuals in Coma or Vegetative State	
MED.00053	Non-Invasive Measurement of Left Ventricular End Diastolic Pressure in the Outpatient Setting	
MED.00135	Gene Therapy for Hemophilia	
MED.00140	Gene Therapy for Beta Thalassemia	
MED.00146	Gene Therapy for Sickle Cell Disease	

Criteria number	Criteria title	New item
MED.00147	Cellular Therapy Products for Allogeneic Stem Cell Transplantation	
MED.00148	Gene Therapy for Metachromatic Leukodystrophy	
SURG.00096	Surgical and Ablative Treatments for Chronic Headaches	New
SURG.00112	Implantation of Occipital, Supraorbital or Trigeminal Nerve Stimulation Devices (and Related Procedures)	New
SURG.00129	Oral, Pharyngeal and Maxillofacial Surgical Treatment for Obstructive Sleep Apnea or Snoring	
SURG.00140	Peripheral Nerve Blocks for Treatment of Neuropathic Pain	
SURG.00142	Genicular Procedures for Treatment of Knee Pain	
SURG.00144	Occipital and Sphenopalatine Ganglion Nerve Block Therapy for the Treatment of Headache and Neuralgia	New
SURG.00158	Implantable Peripheral Nerve Stimulation Devices as a Treatment for Pain	
TRANS.00004	Cell Transplantation (Mesencephalic, Adrenal-Brain and Fetal Xenograft)	New
TRANS.00027	Hematopoietic Stem Cell Transplantation for Pediatric Solid Tumors	New
Carelon MBM Radiology	Imaging of the Heart	New
Carelon MBM Radiology	Oncologic Imaging	New
Carelon MBM Radiology	Vascular Imaging	New
Carelon MBM Cardiovascular	Imaging of the Heart	New
Carelon MBM Genetic Testing	Carrier Screening in the Reproductive Setting	New
Carelon MBM Genetic Testing	Genetic Testing for Inherited Conditions	New
Carelon MBM Genetic Testing	Hereditary Cancer Testing	New
Carelon MBM Genetic Testing	Somatic Tumor Testing	New
Carelon MBM Musculoskeletal	Interventional Pain Management (MSK)	New

Criteria number	Criteria title	New item
Carelon MBM Musculoskeletal	**Joint Surgery**	New
Carelon MBM Musculoskeletal	**Spine Surgery**	New
Carelon MBM Radiation Oncology	**Perirectal Hydrogel Spacer for Prostate Radiotherapy**	New